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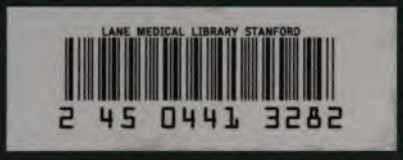
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2. Typewriter copy is the most satisfactory. All abbreviations should be avoided; all proper names, especially those of foreign authors, should be plainly written.

3. In order to secure promptness in publishing the transactions, each paper should be ready for the printer at the time of meeting.

4. That we secure a competent stenographer to take notes of the meetings.

THE

TRANSACTIONS

OF THE

Association of Military Surgeons

OF THE NATIONAL GUARD

OF THE

UNITED STATES

FOR THE YEAR 1891

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OF THE UNITED STATES.

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Major C. F. W. MYERS, New Jersey,
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Committee on Badge.

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Major C. F. W. MYERS, New Jersey,
Major H. E. BRADLEY, Wisconsin.

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TRANSACTIONS OF THE ASSSOCIATION OF

MILITARY SURGEONS OF THE NATIONAL GUARD

OF THE UNITED STATES

FOR 1891.

FIRST MEETING.

In response to a notice sent out about Sept. 1st, 1891, fifty Surgeons of the National Guard of the United States met in the parlors of the Leland Hotel, Sept. 17th, at 8:30 P. M., after having partaken of a sumptuous repast as guests of Surg. Gen. N. Senn, Wis. N. G. The object of this meeting is the organization of an Association of Military Surgeons of the National Guard for the advancement of Military and Accidental Surgery and all things pertaining to the health and welfare of the civilian soldier. Those assembled having been called to order, Major C. M. Woodward, acting Surgeon General of Michigan, was elected temporary Chairman, and Surg. Gen. F. L. Matthews, Secretary *pro tem.*

Captain W. W. Wilson, Ind. N. G., moved that those present proceed to organize an association to be known as The Association of Military Surgeons of the National Guard of the United States. After some friendly debate the motion was carried, the Association to be known as above.

The Association then directed the Chairman to select a committee of fifteen to discuss and draft a Constitution and By-Laws. The following gentlemen were chosen to act on this committee:

Surg. Gen. N. SENN, Wisconsin.
" " F. L. MATTHEWS, Illinois.
" " C. A. WHEATON, Minnesota.
" " F. J. CRANE, Colorado.
" " F. H. LITTLE, Iowa.
Col. C. A. ALDIN, U. S. A.
Major T. C. KIMBALL, Indiana.
" C. M. WOODWARD, Michigan.
" GEO. HALLEY, Missouri.
" N. H. HENRY, New York.
Captain W. W. WILSON, Indiana.
" H. E. LEACH, District of Columbia.
Lieut. A. FESTORAZZI, Alabama.
" O. D. ROBINSON, Delaware.
" H. M. BROWN, Wisconsin.

Major Myers moved that the following programme be adopted for the next day. Carried.

9:30 A. M.—Meet at Rush Medical College.

12:30 P. M.—Dinner at Union Club.

2:00 P. M.—Chicago Policlinic.

8:00 P. M.—Reception at Surg. Gen. Senn's house.

Moved and seconded that a committee be appointed to select a badge for the Association. Carried.

Committee: Majors Woodward, Myers and Bradley.

10:30 P. M. The Association adjourned until 9:30 A. M., the next day, at Rush Medical College.

Surg. Gen. F. L. MATTHEWS, Illinois,
Secretary pro tem.

SEPTEMBER 18, 1891, 9:45 A. M.

The Members gathered at Rush Medical College, where Gen. Senn had prearranged an elaborate clinic illustrating gunshot wounds and osteomyelitis.

The first case was one of penetrating gunshot wound of the forehead and opening into the orbit, frontal sinus and brain. The surgical insult had been done the day previous. Gen. Senn opened up and drained, cautioning his hearers to be most strict as regards cleanliness in wounds involving the meninges and brain.

Case 2, one of osteomyelitis of the femur at the trochanter not trespassing on the joint. This case was of more than ordinary interest as antiseptic bone implantation was resorted to after the deceased portion of bone had been removed. The cavity left after the use of Volkmann's spoon was about two inches long, two wide and one and a half deep. By this procedure it is expected that we afford a trabecula and a nidus for osteogenetic bone cells and thus hasten bone repair. He also explained why this portion of bone afforded a *locus minoris resistentiæ*, simply as this is in a location of epiphyseal lines, the physiological congestion consequent on bone repair is greater here and the embryonal state of the cells naturally renders them less effective in microbic warfare.

Regardless of the heat, everyone was highly pleased with the clinic, which lasted upwards of two hours. The many things learned and heard here are far too numerous to mention in the brief space allotted in this report.

At 12:30 P. M. the Presbyterian Hospital was opened to inspection. This hospital has only recently been completed, and is replete with all modern improvements as regards ventilation, transportation of patients from one part to another, surgical instruments and appliances, etc., that are essential to a hospital. It affords most of the material for the Rush clinic, and is Gen. Senn's favorite hospital.

At one o'clock the members hastened to take the car for the Union Club. Here, at 2:30 P. M., the delegates sat down to an elegant dinner given by the Faculty of the Chicago

Policlinic. Dr. Truman Miller welcomed the guests with a pleasing and complimentary address; a song by jovial Major Byers and an impromptu address by Mr. Howard Marsh of London, in which he expressed himself highly pleased with American hospitality and her institutions, completed the festivities.

From the Union Club the Association adjourned to the Chicago Policlinic, where the first regular business of the Asssociation was taken up and papers read, which will appear later.

The Committee on Constitution and By-Laws read its report, which was adopted, thus placing the Association on its feet.

It was moved and seconded that the Secretary cast a vote for Surg. Gen. N. SENN, President; unanimously carried.

First Vice-President, Major N. H. HENRY, the same.

Second Vice-President, Col. E. CHANCELLOR, the same.

Secretary, Surg. Gen. F. L. MATTHEWS, the same.

Corresponding Secretary, Lieut. RALPH CHANDLER, the same.

Treasurer, Surg. Gen. F. J. CRANE, the same.

The committee on a badge submitted their report; the one suggested by them was adopted. Moved and seconded that they proceed to secure a badge for the Association. Carried.

It was moved and seconded that the Secretary procure a lithograph of the badge and use it upon the stationery of the Association. Carried.

Moved and seconded that the Secretary get a seal for the use of the Association. Carried.

Moved and seconded that the Secretary be instructed to communicate with every Adjutant General, requesting a copy of the last report and also a copy of the printed code,

each in sufficient number to furnish every member with a copy of each. Carried.

Moved and seconded that it is the sense of this Association that every State be required so compel an examination of all candidates for the Medical Service, where such laws do not already exist. Carried.

The President appointed on the Executive Committee the following named gentlemen:

Surg. Gen. J. D. BRYANT, New York.

Surg. Gen. F. H. LITTLE, Iowa.

Major C. M. WOODWARD, Michigan.

Major C. F. W. MYERS, New Jersey.

Captain H. E. MANN, Wisconsin.

Moved and seconded that the proceedings of the Association be published in pamphlet form. Carried.

Moved and seconded that a communication be addressed to the Legislature of each state asking that an examination be compulsory to enter the Medical Service. Carried.

Committee on such:

Surg. Gen. F. J. CRANE, Colorado.

Colonel E. CHANCELLOR, Missouri.

Major L. C. CARR, Ohio.

Cincinnati, Denver, St. Louis and Washington were mentioned as the next place of meeting. After some friendly competition, Washington and Cincinnati being dropped, St. Louis, after a hard struggle, finally won by one vote over Denver.

St. Louis being the next place of meeting, the time was left to the local committee, Col. E. Chancellor, chairman.

Adjourned *sine die*.

Surg. Gen. F. L. MATTHEWS,
Secretary.

Lieut. RALPH CHANDLER,
Corresp. Secretary.

At 8:30 P. M. Gen. Senn tendered the members a reception at his elegant new home on Dearborn Avenue.

Registration of Members in Attendance During the Meeting.

Surg. Gen. N. SENN, 532 Dearborn Ave., Chicago.
Surg. Gen. F. L. MATTHEWS, Springfield, Ill.
Capt. C. W. LEIGH, 361 La Salle Ave., Chicago.
Capt. W. W. WILSON, Wausau, Wis.
Major T. C. KIMBALL, Marion, Ind.
Surg. Gen. C. A. WHEATON, St. Paul, Minn.
Surg. Gen. F. J. CRANE, Denver, Col.
Capt. T. W. EVANS, Madison, Wis.
Major C. M. WOODWARD, Acting Surg. Gen. Mich.
Major H. E. BRADLEY, Milwaukee, Wis.
Capt. E. H. GRANNIS, Menomonie, Wis.
Capt. J. B. WHITING, Janesville, Wis.
Surg. Gen. F. H. LITTLE, Muscatine, Ia.
Major J. B. EDWARDS, Mauston. Wis.
Major F. W. BYERS, Monroe, Wis.
Major C. F. W. MYERS, Newark, N. J.
Capt. J. E. GARREY, Wausau, Wis.
Lieut. H. M. BROWN, Milwaukee, Wis.
Capt. H. E. LEACH, Washington, D. C.
Major GEO. HALLEY, Missouri.
Col. E. CHANCELLOR, St. Louis, Mo.
Major H. L. MCKINSTRY, Red Wing, Minn.
Major D. B. COLLINS, St. Peter, Minn.
Major A. L. MANN, Elgin, Ill.
Capt H. E. MANN, Marinette, Wis.
Major F. J. WILKIE, Oshkosh, Wis.
Major L. C. CARR, Cincinnati, O.
Lieut. ANGELO FESTORAZZI, Mobile, Ala.

Major N. H. HENRY, New York.
Capt. A. J. BURGESS, Milwaukee, Wis.
Major C. H. COGSWELL, Cedar Rapids, Ia.
Lieut. O. D. ROBINSON, Georgetown, Del.
Lieut. J. P. LUKENS, Wilmington, Del.
Major A. C. BERGEN, Iowa.
Lieut. RALPH CHANDLER, Milwaukee, Wis.

Surg. Gen. Senn requested Colonel B. J. D. Irwin, Surgeon U. S. Army, Medical Director Department of the Missouri, to give the Society the benefit of his personal experience as a medical officer of many years' service. Colonel Irwin, after thanking the Society for the courtesy, said:

"I esteem it a very great privilege and pleasure to predict the benefits that are certain to arise through the formation of this Association of Medical Officers of the National Guard of the various states of the Union. To those among you who gained experience in our late war, it is unnecessary to dwell upon the importance of the duties of medical officers; but to the younger members in service I desire to impress the fact that, unlike other staff officers, their status differs in that they serve in a dual capacity—professional and military. In the latter capacity you may be called upon to discharge various executive duties such as medical directors, medical purveyors, superintendents of the construction, organization and administration of general hospitals and the various other duties that pertain to sanitary offices. In the care and management of the sick and wounded you will find your professional duties constitute but a small part of the labor that will fall to you during active military operations. To succeed creditably in the performance of your duties you will have to familiarize yourselves with the various forms of reports, returns, requisitions and the regulations and orders governing the military service. You may be called upon during or after a battle to establish field hospitals, division hospitals or base hospitals for the accommodation of hundreds, perhaps thousands, of disabled men. The duty of providing prompt professional care for each and every individual becomes part of your duty as executive medical officers. To feed, clothe, furlough, discharge or return to the front, soldiers after recovery, are only some

of the important duties that medical officers have to perform. In your professional capacity you determine whether or not the soldier becomes disabled in the line of duty, securing to him his pension, or protecting the interests of the government from fraudulent claims. In charge of general hospitals you will exercise all the functions of commanding officer, subject only to War Department control, and you may have to be your own quartermaster and commissary. Under the dual character of your commissions it is important that you should insist upon the proper recognition of your military rank. Professionally you are sanitary officers—surgeons or assistant surgeons; officially you are lieutenants, captains, majors, lieutenant-colonels or colonels; as such you are recognized by law, and hence it is essential for the preservation of the dignity of your positions as military men that you should not overlook the necessity of exacting this recognition in your intercourse with your confréres of the line. The social term, 'doctor,' has become meaningless, as it fails to convey any idea of the rank of an officer, or even the profession of an individual.

A gross fallacy in the minds of many people is that army surgeons, while attending the wounded during an engagement on battle, are in the rear and out of danger. Such is not the fact. The duty of the medical officer takes him on the fighting line to render immediate aid to those shot down by bullets that are not respectors of individuals. Surgeons render professional assistance to the wounded at the place where they fall. From there the wounded are taken to the temporary field hospitals where operations are performed and remedies applied, after which they are sent to the division hospitals. All that is usually done under the fire of the enemy, and many surgeons have been shot down and yielded up their lives while coolly discharging their professional duties under a fusilade of flying missiles.

Those of you who may participate in future wars will find the conditions for the accommodation and treatment of wounded very different from that which was found in the earlier years of the last war. Up to 1862 surgeons depended upon chance to find shelter for the wounded after battles. Barns, churches, farm-houses, stables, cabins, in fact any place where they could gain temporary shelter, were seized upon for the accommodation of the sick and wounded.

It was my good fortune to be the first to bring about a change for the better by establishing a large and com-

modious tent field hospital, consisting of several hundred tents, on the battlefield of Shiloh, on April 7, 1862. From that effort has been developed the field hospital service now in use in the armies of all civilized countries. When an army now takes the field the equipment of its field hospital service is as complete and perfect in *personnel* and material as is the organization of a battery of artillery. No longer trusting to chance, armies carry with them the necessary hospital outfit for the proper care of their invalids under any and all circumstances."

CONCERNING THE ORGANIZATION OF THE MEDICAL DEPARTMENT OF THE NATIONAL GUARD.

By J. D. BRYANT, M. D., Surgeon-General of the New York State National Guard.

While the title of this paper is sufficiently expressive, as it seems to me, to make its importance obvious to all concerned, still, it is not the intention of the writer now to do more than to speak of the medical officers of the Guard and their immediate aids. The scope of a complete organization for the duties of active service, as in the case of the regular army, is too extended to be considered at large at this time, and in fact it may be best considered by a careful study of the methods employed in the regular army itself. I shall deem it sufficient at present to dwell upon the necessity of what may be called self-evident requirements of the medical service; requirements, the advisability of which are so obvious as to hardly need more than the mention to carry conviction to all minds. Those of you who are at the head of a well organized medical department can appreciate its importance to the service, as well as the assiduity necessary for its establishment. Those who are anticipating such a desideratum can but welcome the opportunity here offered to profit alike by the facts to be presented and the friendly criticism they will necessarily inspire. I shall speak of the Guard as an entirety, giving to it the comprehensive significance of the expression National itself. This course is proper, since the prime object of the organization is similar in all States—the protection of individual and public rights from organized and otherwise ungovernable violence. And, too, in each State, the Guard is sustained by the patriotism and local pride of the citizens of communities, who as willingly perform military duty in the Guard as they pay taxes for its support. It follows from these indubitable facts that the people of these communities, and of States even, expect, as they have the right, a wise preparation for an efficient protection from violence of private and public interests,

whenever the occasion demands it. And it is equally logical to say that their approbation and support of the Guard will be directly proportionate to the actual and prospective benefits which they contemplate or receive by reason of its existence. It therefore follows that the medical, like every other department of the Guard, should be so organized as to give to the greatest number the greatest good at all times that is consistent with military efficiency. The necessity for such provisions in the medical department of many States is pregnant with the sentiment that teaches that

> The woes of the defenders
> Of a country's cause
> Should be soothed by a wise adjustment
> Of a country's laws.

This sentiment refers not alone to the sense of grateful patriotism that contemplates a liberal and substantial recognition on the part of a country of those who have served in her defense, but also it implies a practical adjustment of matters by wise measures in times of peace, for the prevention and alleviation of physical disaster in times of strife. In the amplification of this idea I cannot help but believe that the medical department of the National Guard should be so constituted that it may extend "prompt aid" to the citizen-soldiers and citizen tax-payers at all times in case of physical emergencies. The consummation of this plan can but meet the hearty approval of those it is intended to aid, and will thus cause, on their part at least, a proportionate increase in the moral and financial support of the Guard. It has been my great honor, as well as pleasure, to have been connected officially with the Guard of New York since June, 1873. About ten years of this time were devoted to regimental service, a service that enabled me to study the needs of the medical department at large, and especially to note the deficiencies of the one under my immediate charge. During the remainder and later portion of the service—about nine years—I have, as Surgeon-General of the State, been able, with the concurrence of the commander-in-chief, and the advice and individual support of the officers of the medical staff, to advance the status of efficiency of the medical department to a considerably higher plane than it formerly occupied. At the time of my entrance to the Guard, no properly authorized medical scrutiny of the professional qualifications of an applicant for the position of medical officer in the Guard had been established, except that he shall *have* graduated from a medical college; and this require-

ment was assumed to have been complied with quite as often as it was demonstrated to have been by the exhibition of fitting credentials. And, too, at this time it was necessary that the commandant of the organization be convinced that the applicant was a "good fellow" and would "fill the bill," at least in all respects essential to good-fellowship. Good policy and good principle often parted company at this phase of requirement. At all events, the essential qualifications that constitute a proper medical officer, in the professional sense, could be made subservient to the social, financial and political considerations of the laity sense. As the result of this policy, while many good and true men were recruited, yet many—indeed, too many, in fact—were accepted who valued the commission only for the selfish gain they hoped for, rather than the honorable and useful record it might have in store for them. It is plain to be seen that a policy of this kind furnished not only indifferent medical service of the legally authorized type, but also opened the way for even a great abuse—the acceptance of those who were possessed of no legal qualifications whatever to practice medicine or surgery. Please do not misunderstand me; for while this abuse was of rare occurrence indeed, still the system was such that it need not have been the exception, in so far as official medical scrutiny exercised any control. It is not strange if, at this time, commanding officers often looked on their medical subordinates in the light of physical ornaments and conveniences, or as animated luxuries, to whom they might refer matters of a medical tenor for decision, when they felt condescendingly inclined, or when good policy dictated that their own opinion should have the genuine or implied approval of a medical officer. I will not dwell longer on the unfortunate realities nor the grave possibilities of this former course of action than to add that it was not the result of indifference or dishonesty, but simply a phase in the developmental history of the Guard. Please remember that this period is twenty years to the rear of the one of to-day, and although a continuous improvement was made in this respect by the cleansing influence of a ferment of earnest and wise purposes, and the survival of the fittest, still it was not till the issuance of an order, of which the following extracts are the greater portions, that the matter was placed on an official and enduring basis:

GENERAL HEADQUARTERS, STATE OF NEW YORK,
ADJUTANT GENERAL'S OFFICE,
ALBANY, August 28, 1888.

General Orders No. 17.

1. Upon the recommendations of the surgeon-general, persons appointed to medical offices will hereafter be examined, before being commissioned, by special boards selected by the surgeon-general, and hereby appointed.

Returns of appointments of medical officers will be referred by the commanding officers of brigades to the boards appointed for their respective commands, and all concerned will be governed by the rules prescribed in General Orders No. 14, series 1887, from this office, so far as the same are applicable.

2. Appointees to medical offices shall be further examined in the standard branches taught in legally incorporated medical schools; the diagnosis and treatment of injuries and diseases to which troops may be exposed; the means employed for the urgent relief, and for the transportation of sick and wounded, including stretcher drill (see provisional manual of instruction, U. S. A.); camp and personal hygiene; and as to their knowledge of official papers relating to their department.

By order of the commander-in-chief.

JOSIAH PORTER,
Major-general and Adjutant general.

Now please note the results of the enforcement of this order: The worth of a medical commission in the National Guard is greatly enhanced, and medical men of high attainments now seek positions in the service, serve faithfully, and wait patiently for promotion; the commanding officers respect their value and ability, and, therefore, seek their advice and heed it. The efficient, faithful and conscientious medical officers are now leavening the entire loaf of the medical service, and have become examples for emulation, instead of subjects of pomp or objects of pity, as they were often in the past.

The educational influences of the State Camp, which was established in 1882, and the introduction of rifle practice throughout the Guard, made the presence of the surgeon, and the importance of his attainments, thoroughly appreciated. Prior to 1887, the hospital stewards were of the most nondescript character. I recall well the fact that the first hospital steward coming under my charge in the regiment with which I was connected in 1873, was a stable-keeper. He was both faithful and honest, and his assiduity and endurance were phenomonal. His attention to duty was exceeded only by his entire ignorance of the preparation of medicines and their physical properties. For some time prior to 1887

I had advised that only such as were legally qualified to dispense medicines by the laws of the State relating to pharmacists should be permitted to act as hospital stewards of military organizations. However, my advice in this respect was not heeded until the occurrence of an object lesson which was so emphatic and pointed as to permit of no delay in the issuance, August, 1888, of an order, of which the following is an extract:

"The hospital steward of the regiment in camp, or, if if there be none, a suitable person selected by the surgeon-general, will act as post hospital steward under the orders of the post-surgeon and the instructions of the surgeon-general. Such person or hospital steward must have passed an examination before the State Board of Pharmacy, and be licensed as a druggist according to the laws of the State; and regimental and battalion hospital stewards not so examined and licensed will not be recognized by the State, or permitted to act as hospital stewards. Regimental and battalion commanders ordered to camp duty whose hospital stewards do not meet those requirements will at once report the fact to these headqarters."

It may not be amiss now, in view of the importance of this order, to narrate the event that inspired its immediate promulgation, especially since this course may serve as a warning, and again aid in the establishment of a reform, the necessity for which at one time came near causing a most distressing accident, if not a fearful calamity in connection with the State Camp of New York. A lady, the wife of an officer of the general staff, visited the State Camp one evening to witness the dress parade, and while there was attacked with a severe neuralgic headache, for the relief of which she wished me to prescribe. This I did, going myself to the camp druggist for the remedy, instead of sending an orderly with the prescription, as is the custom. The prescription called for a half grain of codeia and ten grains of bromide potassium to be taken at once.

While waiting for the compounding of the remedy by the acting hospital steward of the organization then in camp, I leisurely leant against the center-pole of the drug-store tent and made a casual survey of the contiguous tents and company streets. A moment after, and almost unconsciously, my attention was directed to the manipulations of this officer compounding the order, and I noticed that he had measured a considerable quantity of a whitish powder, which had not the appearance of bromide of po-

tassium, and was too large an amount, I thought, for the required codeia. I asked, "What is that?" "Codeia," he said. "How much?" I inquired. He replied, "One-half a grain, as you ordered." "It cannot be possible that one-half a grain of codeia will make so much bulk," I exclaimed. "Please balance your scales." He did as directed, weighed the powder again and found that there were six and a quarter grains of codeia instead of one-half a grain, as ordered. You will better appreciate my feelings and excuse this detail of statement, I think, when I tell you that the lady was the wife of the Surgeon-General himself, and that she would have been some distance from the camp, no doubt, before the full effects of the drug could have appeared. This lesson is made still more impressive by the fact that the acting hospital steward at that time was an educated physician of some years' experience. And, too, it teaches, in no uncertain manner, that one unfamiliar with the physical properties of drugs should not be permitted to assume the duties of hospital steward.

Thus the uneducated hospital stewards were disposed of, so far as the service of the State camp was concerned. About one year later the final fatal blow was dealt to the system by the issuance of the following:

"It appearing that there are hospital stewards who are not qualified, according to the laws of the State, to perform the duties required of them, commanding officers are directed to discharge such from the service at once. Hospital stewards should have passed an examination before the State or county boards of pharmacy, and have secured licenses as pharmacists."

There remains but one other feature of the medical service to which I shall call your attention now—the education of a certain number of the rank and file in the simple methods of rendering "prompt aid to the injured." At the present time, in the Guard of the State of New York, the plan of procedure is indicated with sufficient clearness by the following order, which paved the way to its enforcement:

GENERAL HEADQUARTERS, STATE OF NEW YORK,
ADJUTANT-GENERAL'S OFFICE,
ALBANY, December 22, 1887.

General Orders No. 36.

1. Commanding officers of regiments and battalions, and of batteries and separate companies having a medical officer, will organize ambulance corps in their respective commands as follows:

For a regiment or battalion, the corps shall consist of the medical officers of the command, the hospital steward, and three enlisted men from each company of seventy-five men, and two enlisted men from each company of less than that number.

For a battery or separate company, the corps shall consist of the medical officer and four enlisted men.

The enlisted men shall be detailed by the commanding officers, upon the recommendation of their senior medical officers, and there may be included in the detail for a regiment or battalion two corporals, and for a battery or separate company one corporal, but no other non-commissioned officers.

When the exigencies of the occasion require, commanding officers will detail such enlisted men as have already been found proficient, and may also detail musicians for duty with the corps.

Men detailed for ambulance service shall be relieved from such duty on the application of the medical officer having charge of the corps to which they are attached.

2. The corps shall be under the immediate orders, control and instruction of the senior medical officer of the command to which it belongs, but no assignment or detail for duty with the corps shall relieve an officer or enlisted man from his regular duties, except when on duty with the corps in active service.

3. To prepare the members of the corps for their duties, the medical officer in charge will provide a course of instruction. This course shall commence in the first week in January of each year, and continue during the drill seasons of the year, and shall be open also to such other members of the command of which the corps is a part as may be approved by its senior medical officer.

The dates, hours and places when and where the instruction will be given shall be published in orders to the whole command by its commanding officer.

4. The course of instruction given by the medical officers of the command shall include, for the present:

Rudimentary instruction in anatomy and physiology.

Rudimentary instruction in the diagnosis of the common accidents and diseased conditions to which National Guardsmen are exposed, and the common means for the prevention of the same.

Instruction as to the common means employed for the urgent relief of the sick and injured, including stretcher drill and matters pertaining to the transportation of the sick and injured.

Instruction in individual and camp hygiene.

5. At the close of the course of instruction, the detailed men of the corps shall be examined as to their proficiency by a board to be appointed for that purpose, as hereinafter provided.

The senior medical officer of each regiment, battalion, battery and separate company shall keep a record of the name, proficiency and general standing of each member of the ambulance corps under his charge, from the time of the first attendance of the member to the termination of his course of instruction, and, also, the result of his examination.

6. Commanding officers of brigades will, with the approval of the Surgeon-General, appoint for their respective commands boards of examination, which shall consist of not less than three medical officers, whose duty it shall be to examine and report to the brigade commander as to the proficiency of the detailed men who have attended the prescribed course of instruction. These men will be ordered before the examining board on the application of the commanding officers of the regiment, battalion, battery or separate company to which they belong.

7. Enlisted men of ambulance corps, when actually on duty as such, are authorized to wear, in addition to insignia of military grade, around the left arm above the elbow, an arm badge (brassard) "of white cloth, 16 inches long and 3 wide, with a cross of red cloth 2 inches high and 2 inches wide in the center."

8. An enlisted man who has passed the prescribed examination satisfactorily, and has the approval of the commanding officer of the brigade to which he belongs, will be permitted to wear at all times a badge, of a pattern to be prescribed in further orders, distinctive of the ambulance corps of this State, as an indication of a special fitness to aid the sick and injured under urgent circumstances.

9. Details for instruction in the duties of an ambulance corps will be made annually, at such times as will permit the course of instruction of each succeeding class to begin promptly in the first week in January.

10. There shall be allowed and issued by the Chief of Ordnance, as Acting Quartermaster-General, State Arsenal, corner Thirty-fifth St. and Seventh Ave., New York City, upon requisition made direct to him by the respective commanding officers, stretchers of a pattern approved by the Surgeon-General, at the rate of two for each regiment and battalion, and one for each battery or separate company having a medical officer.

By order of the Commander-in-Chief.

JOSIAH PORTER,
Major-General and Adjutant-General.

You will observe that the expression "ambulance corps" is employed in this order, and you will quickest comprehend the contemplated scope of the proposition embodied in the order, I think, if its aims be distinctly isolated at once.

1. The annual education of a definite number of men, many of whom would be declared competent by a board of examiners to render prompt aid to the injured comrade in times of strife, and to the comrade or citizen in the event of physical misfortune in times of peace. These to constitute the ambulance corps of the season.

2. The keeping of a yearly record of the proficiency of each of these men, with the view of the selection of those

who are most serviceable when a serious occasion demands. This corps to be the ambulance corps of the occasion.

Already numerous instances have been brought to the attention of the State military authorities of the aid and comfort rendered by these men to the afflicted citizen in case of physical misfortune. And on all occasions in the service of the guard they have given wise advice and commendable injunctions to their comrades, and have promptly and efficiently spanned the important interval between the immediate demands for their own efforts and the arrival of a medical officer. It is proper to add in this connection that there is often much opposition on the part of commandants to making the details required by the order, so much, in fact, that the organization of a permanent corps instead is being given a serious consideration. It might appear unjust on my part were I not impelled to add that this opposition is not a general one by any means, but one that is limited more especially to the smallest of the company and regimental organizations. However, in all of those commands in which unity of purpose, *esprit de corps* and personal pride of organization are the predominating features, the opportunity to acquire the knowledge is hailed with delight and eagerly accepted. I will now venture the statement that the interest and appreciation exhibited by military commands in measures best intended to increase and extend their importance and usefulness, and the earnestness of their co-operation in them, is in direct proportion to their prosperity, and to the confidence and esteem in which they are held by both the military and civil authories. The badge mentioned in section 8 of the order is made of coin silver, and bears the red cross and the legend, "Prompt Aid to the Injured," on the face. Thus far it has been permitted to become the property of the winner, and is worn by him on all occasions, civil and military, as evidence of his ability to give prompt aid to the injured of all classes. It is now my opinion that the badge should be the property of the organization, in order that it may not be retained by those who are out of active military service, and for this reason may depreciate its value by its unwarranted use, and by failing to keep pace with the requirements of the service. At all events, some evidence should be retained by the worthy members at all times which will justify the belief that they are competent to perform their duties in this service, and will offer to them

the opportunity and right of receiving instructions when sought for, and bear evidence of continued assiduity and competence on their part.

[NEW ORDER.]

GENERAL HEADQUARTERS, STATE OF NEW YORK,
ADJUTANT-GENERAL'S OFFICE,
ALBANY, September 3, 1891.

General Orders No. 23.

1. General Orders No. 36, from these headquarters, dated December 22, 1887, providing for the organization of ambulance corps, and for the instruction of men detailed for ambulance service, is hereby revoked, and the following substituted therefor:

2. Commanding officers of regiments and battalions, and of troops, batteries and separate companies having a medical officer, will organize ambulance corps in their respective commands, but the corps in existence at this date in accordance with general orders No. 36, of these headquarters, series 1887, will be continued under the provisions hereinafter prescribed.

For a regiment or battalion, the corps shall consist of the medical officers of the command, the hospital steward, and, as company bearers, three enlisted men from each company of seventy-five men, and two enlisted men from each company of less than that number.

For a troop, battery or separate company, the corps shall consist of the medical officer and, as company bearers, four enlisted men.

The details for company bearers will be made by the commanding officer of the organization of which the corps is a part, upon the recommendation of his senior medical officer. The men selected must possess the ability and intelligence necessary for the requirements of this service. There may be included in the detail for a regiment or battalion not more than two corporals, and for a troop, battery or separate company not more than one corporal; but if a member of the corps should be promoted to a non-commissioned office he shall be allowed, if he so desire, to complete the course of instruction, and after he has passed the examination prescribed below, the senior medical officer may select him as one of the non-commissioned officers authorized.

Men detailed to an ambulance corps shall be relieved from such duty on the application of the medical officer having charge of the corps to which they are attached.

Whenever actual relief for sick or injured is required, the commanding officer will detail such enlisted men as have attended the course of instruction, and may also detail musicians for such service.

3. When on ambulance duty, or under instruction, the corps shall be under the immediate orders and control of the senior medical officer of the command to which it belongs, but no assignment or detail for duty with the corps shall relieve an officer or

enlisted man from his regular duties, except when actually on duty with the corps in active service.

4. To prepare the members of the corps for their duties, the medical officer in charge will provide a course of instruction. This course shall commence in the first month of the drill season of each year and be held at least once in two weeks during such season. It shall be open also to such other members of the command of which the corps is a part as may be approved by its senior medical officer.

The dates, hours and places when and where the instruction will be given shall be published in orders to the whole command by its commanding officer.

5. The course of instruction, given by the medical officers of the command, shall include, for the present:

Rudimentary instruction in anatomy and physiology.

Rudimentary instruction in the diagnosis of the nature of accidents and disease manifestations to which national guardsmen are subject, and the common means for the prevention and treatment of the same.

Instruction as to the common means employed for the urgent relief of the sick and the injured, including stretcher-drill and matters pertaining to transportation of the sick and injured.

Instruction in individual and camp hygiene.

6. At the close of the course of instruction, the detailed men of the corps shall be examined as to their proficiency by a board to be appointed for that purpose as hereinafter provided.

The senior medical officer of each regiment, battalion, troop, battery and separate company shall keep a record of the name, proficiency and general standing of each member of the ambulance corps under his charge, from the time of the first attendance of the member to the termination of his course of instruction, also the result of his examinations, and the number of the badge if one is awarded to him.

7. Commanding officers of the brigades will, with the approval of the Surgeon-General, appoint for their respective commands boards of examination which shall consist of not less than three medical officers, whose duty it shall be to examine and report to the brigade commander as to the proficiency of the detailed men who have attended the prescribed course of instruction. The presiding officer of each board shall notify the commanding officers of the organizations of his brigade of the dates on which the board will be in session, and when they will examine the detailed men of the respective corps. These men shall then be ordered before the examining board by the commanding officer of the regiment, battalion, troop, battery or separate company to which they belong, and those who pass the prescribed examination shall form the ambulance corps of their respective organizations, and remain members of the same subject to the approval of the medical officer in charge, and subject also to an annual examination by the board mentioned.

8. Enlisted men of ambulance corps, when actually on duty as such, are authorized to wear around the left arm above the elbow (non-commissioned officers as far above the chevron as practicable) an arm badge ("brassard") of white cloth, sixteen inches long and three wide, with a cross of red cloth two inches high and two inches wide in centre.

9. An enlisted man who has been detailed to an ambulance corps, and who has passed the prescribed examination satisfactorily, and has the approval of the commanding officer of the brigade to which he belongs, will be permitted to wear, with the consent of the commanding officer mentioned below, while a member of the corps, on dress and undress uniforms, and when in citizens dress, the badge of the ambulance corps of this State, of the pattern heretofore issued, as an indication of special fitness to aid the sick and injured under urgent circumstances; this badge shall be turned into the regimental, battalion, troop, battery or company commander of the soldier, when the latter ceases to be a member of the organization, and such commander shall be responsible to the State for the same, and shall have the power for good reasons to refuse permission to wear or decline to issue the same to any one.

10. Details to fill vacancies in the amubulance corps will be made upon the recommendation of the medical officers, if possible from those who have attended the course of instruction, and who appear upon competitive examination to be best qualified for the duties.

11. When a member of the ambulance corps ceases to be a member of the regiment, battalion, troop, battery or separate company, he shall receive, from the Surgeon-General of the State, upon the recommendation of the medical officer and the commanding officer, as evidence of his special qnalifications and ability to perform the duties of the corps, a certificate to that effect, which certificate will entitle the owner to receive instruction in the duties of the corps at regular intervals, and to be-examined in the same, and to have the result of the examination indorsed on the certificate.

12. There shall be allowed and issued by the Chief of Ordnance, as Acting Quartermaster General, in cases where such issue has not already been made, upon requisition made direct to him by commanding officers, stretchers of a pattern approved by the Surgeon-General, at the rate of two for each regiment and battalion, and one for each troop, battery or separate company having a medical officer.

13. The Brigade Commanders and the Surgeon-General, and under him the brigade surgeons are charged with the prompt execution of this order, in their own sphere, and the latter and the Surgeon-General, in matters of instruction and advice, will communicate directly with the medical officer in charge of corps.

By order of the Commander-in-Chief.

JOSIAH PORTER,
Adjutant-General.

Official:

————Ass't Adj't General.

I will not detain you longer, as, it seems to me, sufficient has been said already to provide a substantial foundation for wise action in the future. Permit me, in conclusion, to offer the following recommendations for your consideration:

1. The requirement that all medical applicants should be caused, before entering the Guard in the capacity of medical officers of commands, to pass an examination that shall be a rigid test of their ability to meet the demands of the position which they seek.

2. The requirement that all hospital stewards shall be fully qualified by law or by practice to dispense medicines intelligently and correctly.

3. The requirement that a suitable number of intelligent members of a command be instructed, examined, and be passed when proficient in the details essential to the rendering of "prompt aid to the injured," and of bestowing wise care on the sick.

4. The requirement that such worthy members be permitted to have in their possession a suitable badge, or other testimonial, at all times, as evidence of their ability.

In conclusion, permit me to express the belief that the formation of a scientific body from the medical officers of the Guard should be made secondary to the development of an efficient system of practical medical service in the Guard. and even then it seems to me that it can but be based upon an uncertain and fickle tenure, so long as no wise and judicious control can be exercised as to the *personnel* of its membership. It ought not to be overlooked that the commission bestowed by the State is the certificate of membership, not the requirements that few or many of the members may see fit to demand. Not to recognize a commission issued to its representative by a state or territory is subversive of discipline, and can but lead, in my judgment, to dense demoralization, unmannerly bickering, and the breeding of life-long animosities, all of which are destructive of harmony and efficiency, and contrary to the laws and traditions of the service to which we belong.

"THE CIVILIAN SOLDIER—HIS DISEASES AND HYGIENE."

MAJOR C. M. WOODWARD, Acting Sur.-Gen. Michigan.

My subject, and what I may say upon it, is, without doubt, no new thing to you who, many of you, have for many years been quite familiar with it.

The "Civilian Soldier": he who holds himself in constant readiness to take up arms at his country's call, and go to her service when needed; who supports himself by his own industry when not actually in uniform serving his country as a soldier, adding by that industry not only to his own wealth and happiness, but, also, to that of his common country—he forms one molecule of that great self-supporting army, the National Guard; and, therefore, for what he is, and what he does for love of country, deserves well of his fellow man. And it is our important duty as surgeons of the National Guard to look well after the health and general well-being of this voluntary protector of the public peace—in his person, his camp and general surroundings. Consecrating himself to his country's service and honor, with hope of but small fee or reward, and coming as he does from all the various walks of life, not yet enured to the hardships and exposures of the camp as is his brother, the *professional soldier*, more responsibility devolves upon the surgeon of the National Guard than is experienced by his brother officers of the regular army. The "civilian soldier," from the counting-room, the law office, the work-shop, the farm and from the gentler pursuits of civil life, has not the power of resistance, of endurance and the adaptability to the service that the *professional soldier* has already gained; and these circumstances call for a more constant vigilance on the part of the National Guard surgeon in looking after the health and welfare of his command; and he (the surgeon) must be possessed of the soundest and keenest judgment in the administration of the medical affairs of his command, for, although three or four diseases comprise the great bulk of all sickness, yet almost every disease comes at times under his observation. Diseases of the digestive system form a large proportion of all sickness—indigestion, diarrhœa, with "cramps" or intestinal spasm, and constipation.

Next comes diseases of the nervous and circulatory systems from the effects of over-heat and heat-exhaustion, with unusual and irregular living. This brings us to the "personal hygiene of the soldier." As most of his work in camp comes in the heat of summer, his clothing, while conforming to regulations, should not be too heavy—should be light and fit comfortably; above all, his headgear should be light and airy.

He should be rather abstemious in his diet so as not to overload his stomach, and this is a fault which we have to contend with in the civilian soldier. Many of the companies of the National Guard set a better table and have more "knick knacks" than the soldier is ordinarily in the habit of having at home. Added to this is the habit often noticed of eating all sorts of things between meals, as melons, fruits and cakes of all kinds. This should be avoided.

I have often thought if the soldiers of our National Guard should confine themselves more nearly to the "army ration," there would be less sickness among the troops and greater efficiency of service. There would be less temptation to over-eating and errors in diet. A greater abstemiousness would be observed, with a direct benefit to health, but the "ration" should be of best quality and thoroughly well cooked. As a rule, the more simple the diet the more healthy and efficient will be the command.

Next comes the hygiene of the camp. First and foremost of all is a good and pure water supply. More *stress* should be laid on *this* than on any other one thing, and with this end in view, each State should send out a well-qualified surgeon with the "camping party" as the *Sanitarian*, to aid in the selection of the site for camp, and especially to see to it that an abundance of fresh pure water can be had. And *pure* water *should* be had, no matter at what expense, for an impure water supply is often the cause of greater and more serious sickness than all other causes combined. If necessary, it would be better and not expensive to drive several wells in close proximity to each other and pump the water from these wells through the camps by steam power; but the source of supply should be unexceptionably *pure*, and it is the cheapest thing any State or government can do to look well after the health of her soldiers. Following this, and in addition to this and good food well cooked, is the necessity for a proper disposition of slops and garbage from the kitchens and the proper care of the sinks. For the first I would say from an experience and observation of over six-

teen years in the Military Medical Service, that the system of "latrines" has proven to be the best. These, as you all know, are holes dug in the ground about five feet square by five feet deep, and placed from ten to twenty feet in the rear of the kitchens. Into these holes or "latrines" are thrown the slops and garbage, and several times a day a sprinkling of dry earth is thrown back over the deposit, the earth excavated from the pit having been left by its side for the purpose. In the care of the sinks, they should be thoroughly dusted down with dry earth about an hour before each meal time for obvious reasons, and for the purpose of more thorough attention in these particulars, a sufficient *police force* should be placed under the *absolute control* of the medical department. "Copperas" (sulphate of iron) should be kept strewn in all wet places about hydrants or elsewhere, and quick-lime and "copperas" in all urinals.

Next in importance is the proper *ventilation of quarters*, a thing too often overlooked or ignored by both officers and men. Immediately after breakfast and before guard mounting (except in stormy weather), every tent should have its walls raised from the bottom to allow of a free circulation of air, and the bed and bedding so arranged as to become well aired and ventilated also the tent walls to be again lowered by 4 o'clock P. M. (and earlier in case of storm).

Next, for the welfare and care of the civilian soldier, in point of importance, is a good and ample field hospital and a well-organized, well-trained hospital corps and ambulance service. Twenty men of the hospital corps, if well-trained and alive to their duties, and one good two-horse ambulance, well manned, will do very acceptable field service for two regiments in our ordinary camps. I am speaking now for my own State and my experience there, which may not differ much in any other State. In my own State, so far, we have only had one ambulance for four regiments; this is a two-horse ambulance as furnished by the United States government, but we hope in another year to have one more, which will give us the one ambulance for each two regiments. It would be better however, if States can afford it from the military fund, to have as many as one ambulance for each regiment.

The benefits of having a well-trained and efficient hospital corps and good ambulance field service cannot well be over-estimated, especially in cases of heat exhaustion and some other diseases and accidents where *immediate* medical service is of the utmost value, as will be seen in the rapid re-

covery of the sick and in being able to return them to duty earlier than we otherwise could.

Then the hospital tent should be large and airy and more than one tent should be "pitched" for each brigade, if necessary, in a suitable location, having in connection therewith a well-appointed *dispensary* and also a kitchen with well-qualified cooks, for the special preparation of diet for the sick and suitable food for the convalescent. All this to be under the care and general supervision of the medical staff. The interior of the hospital should be made as cheerful and pleasant as possible; clean, comfortable beds and bed-linen and everything having an air of neatness, comfort and order.

A certain number of members of the hospital corps will act as *nurses* and look after the immediate sanitary condition of the hospital and its surroundings, under the supervision of a medical officer, without depending upon the quartermaster's or any other department. Then everything can be kept in proper condition of healthfulness, which will promote the welfare and recovery of the sick or injured.

I have purposely avoided saying anything of *treatment* of any of the diseases mentioned, as that must vary in different localities, with the ever-varying circumstances and conditions. The *remedy*, or course to be pursued, will naturally suggest itself to each surgeon as the circumstances may arise.

Gentlemen, I am glad that we have met at this time and for the purpose of the organization of this Association, which, I trust, may "be builded upon a rock," so to speak, and work great good, not only to ourselves as military surgeons, but, also, to the soldiers of the National Guard who may be placed under our care as the custodians of their health, well-being and consequent efficiency in the service. And we, as surgeons, are, to a certain extent, responsible to our State for the continued efficiency of the force.

On the completion of the organization of this Association, I desire to call your attention to the advisability of the adoption of some "badge," or decoration, to be worn by lawful members of this Association on occasions of ceremony. This privilege should not only extend to present members, but to all ex-medical officers of the National Guard who will become members of this Association, as well as those who may yet become National Guard surgeons. And should also be extended, *by courtesy*, to sur-

geons and assistant surgeons of the U. S. Army, if they should desire to avail themselves of it. As all military surgeons should, with justice to them, be considered as members, *ex-officio, of the Society of the "Red Cross of Geneva,"* I would suggest that we adopt as such badge of this Association one which would embody the "Red Cross of Geneva," and any other proper insigna thought best by the Association or by any committee appointed by the Association for the purpose, and let our motto be "*Omnia Pro Patriæ Caritate.*"

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CONSTITUTION AND BY-LAWS

—OF THE—

ASSOCIATION OF MILITARY SURGEONS

—OF THE—

NATIONAL GUARD OF THE UNITED STATES.

PREAMBLE.

We the undersigned, Surgeons of the National Guard of the United States, in order to promote and better the science of Military Surgery, do hereby agree to associate ourselves together and be governed by the following

CONSTITUTION.

ARTICLE I. The organization shall be known as "The Association of Military Surgeons of the National Guard of the United States."

ART. II. The Association shall meet annually, the time and place to be fixed at each meeting for the ensuing meeting.

ART. III. Thirty-five (35) members shall constitute a quorum for the transaction of business, but any number of members may adjourn from time to time.

ART. IV. The officers of this Association shall consist of (1) a President, (2) a 1st and (3) a 2d Vice-President, (4) a Secretary and (5) a Corresponding Secretary, (6) a Treasurer, and (7) an Executive Committee to consist of five (5) members to be appointed by the President at each annual meeting, and to whom shall be referred all executive business not otherwise provided for in this Constitution or By-Laws.

ART V. The President, Vice-Presidents, Secretary and Treasurer shall be elected annually, at the annual meeting, and shall hold their respective offices for the term of one year. All officers elected by the Association shall hold their respective offices until their successors are duly elected.

ART. VI. The President shall preside at all meetings, give a casting vote when necessary and perform all other duties that custom and parliamentary usage may require. He may call special meetings at any time, as he may deem necessary.

ART. VII. In case of absence or inability of the President to discharge his duties, the latter shall devolve upon the Vice Presidents in the order of their election.

ART. VIII. The Secretary shall record the minutes and authenticate the proceedings of the Association, preserve all records, books and papers belonging to the Association, and at the close of his term of office, shall lay before the Association a full report of his official work.

ART. IX. The Corresponding Secretary shall give due notice of all meetings and conduct the correspondence of the Association, and shall perform all other duties which usually devolve upon that office.

ART. X. The Treasurer of the Association shall collect all dues, and pay all just claims against the Association from the funds of the Association, and he shall keep a record of all receipts and disbursements, and at the close of his term of office shall lay before the Association a full report of all matters pertaining to his office.

MEMBERSHIP.

ART. XI. Any commissioned medical officer of the National Guard of the United States may, on application, and presentation of the proper credentials to the Secretary of

the Association and upon payment of the initiation fee, become an active member of this Association, and shall retain his membership and rank, should he honorably sever his connection with the National Guard, upon payment of his annual dues.

ART. XII. Any member of this Association who may be dismissed from the service for conduct unbecoming an officer and a gentleman, shall, when positive proof is furnished by the Secretary of this Association, be expelled therefrom and debarred from any further rights or privileges in the Association.

ART. XIII. The Associatiom may elect honorary members. Any man who may have been in the medical service of the National Guard, or in the medical department of the Regular Army or Navy, or in that of the National Homes for Disabled Volunteers, or any distinguished military or naval surgeons from any part of the world, shall be eligible for honorary membership and may be made such by a majority vote of those present at any regular meeting. Honorary members shall not hold office.

ART. XIV. The initiation fee of the Association shall be five dollars ($5.00), and the annual dues two dollars ($2.00).

ART. XV. No amendment shall be made to this Constitution except by a three-fourths vote of all the members present at any annual meeting.

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